## 117000251681

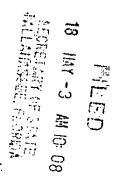
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## **COVER LETTER**

TO:	Registration Sec Division of Corp		,	
OND ID		on Construction LLC		
SUBJE	СТ:	Name of Lim	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		Ina Henderson		
			Name of Person	
		JD Henderson Construction	n	
			Firm/Company	
		835 25th Ave N		
			Address	
		St Petersburg, Fl, 33704		
			City/State and Zip Code	
		inafhenderson@gmail.com	to be used for future annual report not	fication)
For furth	ner information co	ncerning this matter, please ca		,
Ina Hen	derson		727 2727065 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed	d is a check for the	e following amount:		
<b>\$25</b> .	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JD HENDERSON CONSTRUCTION LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L17000251681</u>	vere filed on 12/08/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ity cómpany here:
The new name must be distinguishable and contain the words "Limited Liability	Commany "the designation "I I C" or the obligation of I T"
Enter new principal offices address, if applicable:	y company, the designation ELC of metaphrevial of ELC of
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	0.08
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:	ce address on our records, enter the name of the new
New Registered Office Address:	Enter Florida street address
	Enter Fioriaa sireet aaaress
	Florida

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	James D Henderson	835 25th Ave N, St Petersburg, FL. 33704	■ Add
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			Remove
			□ Change
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record specifies a delayed The 90th day after the reco		out not an effo	ective time, at 12	2:01 a.m. on t	he earlier
04/30 ted	2018	3			
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Page 3 of 3

Filing Fee: \$25.00